



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/957,472
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	September 21, 2001
860.00		First Named Inventor	Tetsuya HANAMOTO et al.
		Examiner Name	B. Baumeister
		Group Art Unit	2815
		Attorney Docket No.	204552021500

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number: 03-1952			
Deposit Account Name: Morrison & Foerster LLP			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code		
Fee (\$)	Fee (\$)		
Fee Description	Fee Paid		
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims	** =	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =			
Multiple Dependent				

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202 18	2202 9	Claims in excess of 20			
1201 84	2201 42	Independent claims in excess of 3			
1203 280	2203 140	Multiple dependent claim, if not paid			
1204 84	2204 42	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kevin R. Spivak	Registration No./Attorney/Agent	43,148
Signature		Telephone	(703) 760-7762
		Date	July 14, 2003